

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>09/19/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>10</i>	<i>9-21-00</i>
FORMALITY REVIEW	<i>C.R.C.</i>	<i>JC 530</i>	<i>10-23-00</i>
RESPONSE FORMALITY REVIEW	<i>dey</i>	<i>59467</i>	<i>07/09/01</i>

INDEX OF CLAIMS

= Rejected N Non-elected
 - Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	2/26/02
2	✓	✓	4/29/02
3	✓	✓	7/29/02
4	✓	✓	12/16/02
5	✓	✓	4/30/03
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
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14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	✓	✓	
22	✓	✓	
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27	✓	✓	
28	✓	✓	
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39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	2/26/02
52	✓	✓	4/29/02
53	✓	✓	7/29/02
54	✓	✓	12/16/02
55	✓	✓	4/30/03
56	✓	✓	
57	✓	✓	
58	✓	✓	
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96	✓	✓	
97	✓	✓	
98	✓	✓	
99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
104	✓	✓	
105	✓	✓	
106	✓	✓	
107	✓	✓	
108	✓	✓	
109	✓	✓	
110	✓	✓	
111	✓	✓	
112	✓	✓	
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129	✓	✓	
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137	✓	✓	
138	✓	✓	
139	✓	✓	
140	✓	✓	
141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)